

**Step 1.** Read and fill out the attached <sup>(1)</sup>Liability, <sup>(2)</sup>Medical Statement, and <sup>(3)</sup>Terms. We must receive your three completed forms before you may submit your request to attend a pool session.

**Step 2.** Use the [ROSTER](#) link on our Scuba Nashville website to submit your request to be added to the pool roster.

**Step 3.** You must complete all your online classroom lessons before your first pool session.

**Step 4.** Purchase your mask and fins for your second pool session. All scuba gear is included for your first session. You should have your own mask and fins before your second session. We sell a full line of all scuba gear. You may try on and use our masks during your first pool session.  
**We offer scuba gear at discounted prices to our students.**

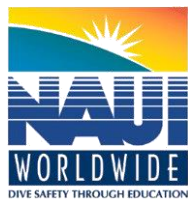


**Buy our cool SCUBA T-shirts and you're member of the best dive club in the world.**

<https://www.parrotislanddivers.com>

**Purchase online Long sleeved shirts \$20, Short sleeved \$15**

**Call or email for additional color options.**



**www.ScubaNashville.com**

**PADI SCUBA Instructor Marcos**

**315 West Main St. Suite 31, Hendersonville, TN 37075**

**615-955- DIVE (3483)**

**Marcos@ScubaNashville.com**

**Congratulations on your choice to become an NAUI Open Water Diver, and thank you for choosing SCUBA Nashville for your PADI SCUBA lessons.**

Call me any time between 9:00 Am and 9:00 PM if you have any questions about scuba lessons, dive trips, or SCUBA gear. Cell: 615-955-3483 (DIVE). We have Parrot Island Dive Club Dinner Parties once a month for our students and divers and friends. Check our website [www.ScubaNashville.com](http://www.ScubaNashville.com) for dates and locations. Please add your name to our email list so we can keep you posted on Classes, gear specials, trips and Parrot Island Dive Club Parties.

**1. CLASSROOM: 315 West Main St. Suite 31, Hendersonville**

**You do not need to come to class. You will complete your academic portion online with NAUI eLearning.**

You will need to create your NAUI account and profile, then enter the code we sent you to start your online class. <https://core.naui.org/signin>

Please use the name you want on your card and add the picture of you that you want on your card.

Once you have created an account and logged in, click on "MY COURSES" you will see on the left of the screen. Then Click on "Activate a NAUI Education System". Enter the code Scuba Nashville provided.

**Please check the website calendar and email to get on the Roster.**

**2. POOL TRAINING We use 3 different pools; Our main pool is at the Gallatin Civic Center.**

**(You must SEE YOUR NAME ON THE ROSTER. Please confirm location before your scheduled class time.)**

**Two pool training sessions are included in the price.** We provide the SCUBA gear, Tanks, Regulator, Weights, and Buoyancy Compensator Device, Mask Fins and Snorkel. The only thing you'll need is a bathing suit. Each pool session will take about 4 hours. We'll show you scuba skills, and give you plenty of time to play and get used to your scuba gear. You'll have to master the SCUBA skills that you will need for safe fun diving. Certification is performance based; you might not need two pool sessions. You must be able to safely and comfortably demonstrate these skills. If you need more than two pool sessions then each additional pool session will only cost \$15 per session. Come to the pool as often as you want. **Please check the web calendar and email to get on the Roster.**

**3. SCUBA Diving: (Please confirm the day before your scheduled class time.)**

You must complete and log 4 SCUBA dives to become a certified PADI Open Water Diver. These four scuba check-out dives are completed over 2 days. We provide the scuba gear, Tanks, Regulator, Weights, and Buoyancy Compensator Device. **You should have your own Mask Fins and Snorkel for the Open water dives.** If we have them in your size, you may rent them from us. **You will need a logbook to log the dives. Log books cost \$10 to \$25.** You have the option of diving at our [Nashville SCUBA Quarry](#) \$25 per day entrance fee to Quarry, or FL for a weekend trip to Panama City or Destin. You may also complete your dives with us on one of our Caribbean Certification Vacations, or we can refer you to another PADI scuba instructor while you are on your vacation.

During the 4 check-out dives you will show your instructor the skills you learned in the pool. You must be able to safely and comfortably demonstrate these skills. After each dive we'll log them in your logbook and after the fourth dive you'll be a certified SCUBA Diver. You'll receive a PADI temporary SCUBA Certification Card. This temporary card is good for 90 days. Your official PADI Certification card will arrive from PADI in a couple of weeks. **Please check the web calendar and email to get on the Dive Roster.**

Private classroom \$200 per session divided by all attending.

Private pool training \$200 per session divided by all attending +\$25 per person.

Check-out dives cost \$200 per session divided by all attending +\$25 per person.

***Please don't wait until the last minute to complete your training. Allow time for rescheduling due to weather, health, or other issues. You might need more than two pool sessions.***

**We sell all Cressi gear at better prices than you can find online.**



**[www.ScubaNashville.com](http://www.ScubaNashville.com)**

315 W Main St. Hendersonville TN,  
37075 615-955-3483

**If you answer **YES** to any medical question you will need to have your doctor fill out and sign the second page before you may participate in pool training.**

**Please complete the Medical and Liability forms before you attend your pool training session.**

**You must answer all the medical questions with the word "NO" or "YES".**

**If you answer "NO" to all the questions, you will only need to fill out the medical questions.**

**You will not need a physician's signature unless you answer "YES" to any of the medical questions.**

**\*If you answer **YES** to any question you will need to have your doctor fill out and sign the physician page before you may participate in pool training.**

**Bring both the liability and the medical forms to the pool session. You will not need a physician's signature unless you answer "YES" to any of the medical questions.**

**Facility Name: Scuba Nashville.**

**Instructor: You may leave instructor name blank**

**Witness signature is required on the last line of liability form.**



RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND EXPRESS ASSUMPTION OF RISK AGREEMENT

PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING THIS RELEASE

# LIABILITY Page 4

## EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH SNORKELING, APNEA DIVING, SCUBA DIVING, FIRST AID, AND RELATED ACTIVITIES

I, (PRINT PARTICIPANT LEGAL NAME) hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Snorkeling, Apnea Diving, SCUBA Diving, First Aid, and instruction related thereto ("Diving Activities"). I fully understand that these hazards and risks can lead to severe injury and even loss of life. I understand that Snorkeling, Apnea Diving, SCUBA Diving, and First Aid activities may be conducted at a site that is remote from a recompression chamber and competent medical assistance. Nevertheless, I choose to proceed even in the absence of a recompression chamber and competent medical assistance. Additionally, I understand that there are also hazards and risks associated with Snorkeling, Apnea Diving, SCUBA Diving, First Aid, and related travel, including, but not limited to the possible injury or loss of life as a result of a vessel accident, being hit by a vessel while in or under the water, while boarding, disembarking, exiting and/or re-boarding the vessel to begin or end diving activities, equipment failure, user error, as well as during travel to and from dive sites. Despite the potential hazards and risks associated with Snorkeling, Apnea Diving SCUBA Diving, First Aid activities, and related activities which can include but are not limited to, aquatic life encounters, currents, waves, barotraumas (pressure change related injuries), sudden loss of visibility, entrapment underwater in wrecks, caves, vegetation, fishing line, fishing nets or debris, I wish to proceed and I freely accept and expressly assume all hazards and risks, that may arise from Snorkeling, Apnea Diving, SCUBA Diving, First Aid activities, and related activities which could result in personal injury, loss of life and property damage to me.

### RELEASE OF LIABILITY AND WAIVER OF CLAIMS AGREEMENT:

In consideration of being allowed to participate in Snorkeling, Apnea Diving, SCUBA Diving, and First Aid activities as well as the use of any of the facilities and the use of the equipment of the below listed persons or entities, I hereby agree as follows:

1. TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct that I may have in the future against any of the following named persons or entities (hereinafter referred to as Releasees); National Association of Underwater Instructors, Inc. (NAUI) and subsidiary companies:

(Instructor/s and Leader/s) \_\_\_\_\_

(Facility/ies) \_\_\_\_\_

(Others) \_\_\_\_\_

2. To release the Releasees, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury, property damage or wrongful death arising from Snorkeling, Apnea Diving, SCUBA Diving, First Aid activities, and related activities whether caused by active or passive negligence of the Releasees or otherwise with the exception of gross negligence. By executing this Agreement, I agree to hold the Releasees harmless for any injury or loss of life which may occur to me during Snorkeling, Apnea Diving, SCUBA Diving, and First Aid activities and/or instruction, and any and all future courses of instruction, programs and Snorkeling, Apnea Diving, SCUBA Diving, and First Aid related travel I undertake.
3. I fully understand that Snorkeling, Apnea Diving, SCUBA Diving, and First Aid related activities are physically strenuous and I will be exerting myself during this course of instruction. I understand and agree that if I am injured or killed as a result of heart attack, panic, hyperventilation, oxygen toxicity, hypoxia, narcosis, aquatic life encounters, drowning or any other cause, that I expressly assume the risk of these injuries and/or attended death and that I will not hold the Releasees included in this Agreement responsible in any other way.
4. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the Releasees, other than what is set forth in this Agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Florida, United States of America.
5. If any provision, section, subsection, clause or phrase of this Agreement is found to be unenforceable or invalid, that portion shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable portion had never been contained in the Agreement. The English language version of this document shall be controlling in all respects and shall prevail in case of any inconsistencies with translated versions.

I fully understand that the terms of this Agreement are contractual in nature and not a mere recital. I further state by way of my signature I have signed this Agreement of my own free act. I hereby declare that I am of legal age and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this Agreement.

### I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (Printed Name): \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Signature of Parent **OR** Guardian If Participant Is a Minor, and by their signature they, on my behalf release all claims that both they and I have.

Signature of Parent **OR** Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTOR/LEADER CONFIRMATION

### I HAVE REVIEWED THIS AGREEMENT AND CONFIRM THAT IT HAS BEEN PROPERLY COMPLETED.

Signature of Instructor/Leader: \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICAL STATEMENT

## Participant Record (Confidential Information)

### Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by \_\_\_\_\_ and  
Instructor

\_\_\_\_\_ located in the  
Facility

city of \_\_\_\_\_, state/province of \_\_\_\_\_.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When

established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

## Divers Medical Questionnaire

### To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

- \_\_\_\_\_ Could you be pregnant, or are you attempting to become pregnant?
- \_\_\_\_\_ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- \_\_\_\_\_ Are you over 45 years of age and can answer YES to one or more of the following?
  - currently smoke a pipe, cigars or cigarettes
  - have a high cholesterol level
  - have a family history of heart attack or stroke
  - are currently receiving medical care
  - high blood pressure
  - diabetes mellitus, even if controlled by diet alone

### Have you ever had or do you currently have...

- \_\_\_\_\_ Asthma, or wheezing with breathing, or wheezing with exercise?
- \_\_\_\_\_ Frequent or severe attacks of hayfever or allergy?
- \_\_\_\_\_ Frequent colds, sinusitis or bronchitis?
- \_\_\_\_\_ Any form of lung disease?
- \_\_\_\_\_ Pneumothorax (collapsed lung)?
- \_\_\_\_\_ Other chest disease or chest surgery?
- \_\_\_\_\_ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- \_\_\_\_\_ Epilepsy, seizures, convulsions or take medications to prevent them?
- \_\_\_\_\_ Recurring complicated migraine headaches or take medications to prevent them?
- \_\_\_\_\_ Blackouts or fainting (full/partial loss of consciousness)?
- \_\_\_\_\_ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

**Please answer the following questions on your past or present medical history with a YES or NO.** If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- \_\_\_\_\_ Dysentery or dehydration requiring medical intervention?
- \_\_\_\_\_ Any dive accidents or decompression sickness?
- \_\_\_\_\_ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- \_\_\_\_\_ Head injury with loss of consciousness in the past five years?
- \_\_\_\_\_ Recurrent back problems?
- \_\_\_\_\_ Back or spinal surgery?
- \_\_\_\_\_ Diabetes?
- \_\_\_\_\_ Back, arm or leg problems following surgery, injury or fracture?
- \_\_\_\_\_ High blood pressure or take medicine to control blood pressure?
- \_\_\_\_\_ Heart disease?
- \_\_\_\_\_ Heart attack?
- \_\_\_\_\_ Angina, heart surgery or blood vessel surgery?
- \_\_\_\_\_ Sinus surgery?
- \_\_\_\_\_ Ear disease or surgery, hearing loss or problems with balance?
- \_\_\_\_\_ Recurrent ear problems?
- \_\_\_\_\_ Bleeding or other blood disorders?
- \_\_\_\_\_ Hernia?
- \_\_\_\_\_ Ulcers or ulcer surgery ?
- \_\_\_\_\_ A colostomy or ileostomy?
- \_\_\_\_\_ Recreational drug use or treatment for, or alcoholism in the past five years?

**The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.**

Signature

Date

Signature of Parent or Guardian

Date

**Please print legibly.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
First Initial Last Day/Month/Year

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province/Region \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ FAX \_\_\_\_\_

**Name and address of your family physician**

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Name of examiner \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Were you ever required to have a physical for diving? ☐ Yes ☐ No If so, when? \_\_\_\_\_

## PHYSICIAN

This person applying for training or is presently certified to engage in scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. There are guidelines attached for your information and reference.

**Physician's Impression**

☐ I find no medical conditions that I consider incompatible with diving.

☐ I am unable to recommend this individual for diving.

**Remarks** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature or Legal Representative of Medical Practitioner Date \_\_\_\_\_  
Day/Month/Year

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_



**Required Skills**

SCUBA Nashville's Instructors, Divemasters, and staff will make every effort to help you learn the required skills for your certification. We want you to become a safe comfortable happy diver. Training skill requirements are performance based. Your instructor must be satisfied that you can safely, repeatedly, and comfortably perform the required skills for your certification. Your course fee and payments or any unused portion are nonrefundable. Any student who requires personalized one-on-one instruction with a Divemaster or Instructor to complete the training must pay an additional fee for private sessions, or addition pool fees. Private pool training or check-out dives cost \$200 per session +\$25 per person. A list of the required skills is available on our website.

You have one year to complete your course from the time the course is purchased. All payments expire one year from date of purchase. Diver must schedule pool training sessions within 60 days of each session. Divers must complete the open water checkout dives within 60 days after completing their pool training. If you wait longer than 60 days between pool training sessions or check-out dives, you will be required to pay for a \$99 pool refresher to continue your training.

**Required Equipment** <http://scubanashville.com/dive-gear/>

You are required to at a minimum to have your own mask, fins, and snorkel set for your check-out dives. We provide mask and fins for your first pool session. You should have your own mask and fins for your second pool session. You may try our masks in the pool before you buy one. We discourage purchasing from online due to not all gear is proper for diving and it is best to try on your own mask. We sell gear to our students at a great discount, and we will beat or match most internet prices.

**Medical Information** <http://scubanashville.com/documents/>

Prior to activating your eLearning code, please carefully read and complete the Medical Questionnaire. If you answer YES to one or more of the questions, you will be required to obtain a physician's release before being allowed to participate in the confined water (pool) sessions.

We must receive your completed medical and liability forms before you begin your in-water training.

**Students under age 18** A parent or legal guardian must cosign all course documents, forms and releases. A parent or legal guardian must be onsite during the confined water (pool) training and open water dives.

**Minimum Age 10 Years old. (Junior Certification)**

Student divers who are younger than 15 may earn their Junior Open Water Diver certification, which they may upgrade to Open Water Diver certification upon reaching 15.

**A parent or guardian must take course with students under 13 years of age.**

**Reschedule & No-Show Fee**

You may reschedule as often as is necessary. If you need to reschedule, please notify us by email at least 24 hours before your scheduled session. There will be a NO-Show/Failure to Notify fee of \$25 for each classroom missed, and a \$50/\$100 NO-Show/Failure to Notify fee for not showing up or failing to notify us within 24 hours of your pool or quarry session.

**First** No-Show/Failure to Notify results in \$50 fee. **Second** No-Show/Failure to Notify results in \$100 fee. **Third** No-Show/Failure to Notify results in cancelation of course and forfeiture of all paid fees.

No Show fees must be paid before your next session.

Our pool sessions fill up a week or two in advance. Please don't wait until the last minute to complete your training. Allow time for rescheduling due to weather, health, full rosters or other issues. Some students may require more than 2 pool sessions. We will make every effort to get you certified. Scuba Certification is not guaranteed. Your SCUBA Lessons payments and fees are nonrefundable.

**Please sign and date acknowledging that you understand and agree to these terms.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**You should have your own mask and fins before your second pool sessions.**



\$224.26	<b>Regulator</b> AC2 Compact	
\$379.86	<b>Regulator</b> MC9-SC / COMPACT PRO	
\$109.84	<b>OCTOPUS</b> COMPACT PRO	
\$346.60 Computer  \$216.02 Gauge with compass	<b>* Computer Console</b> Donatello \$346.60 	<b>Console CPD3</b> Compass + Pressure + Depth \$216.02 
		
Aquaride Blue Pro \$343.25 My Choice.	Travellight \$329.52 Paula's Choice	<b>Mask &amp; Fins Students Specials</b>

**\* My Choices are marked with stars.**  
Call for details. Prices subject to change.  
*These are secret NON Advertised prices.*